

FINAL/CLOSE: FINAL REPORT/CLOSE BUSINESS FORM

CITY OF ATLANTA
DEPARTMENT OF FINANCE - BUSINESS TAX DIVISION
55 TRINITY AVENUE, S.W. SUITE 1350
ATLANTA, GA 30303
PHONE 404-330-6270
FAX 404-658-7465

DATE: _____

In order to final/close your Business Tax Registration Certificate, you must submit this form. Please indicate your actual gross revenues and actual number of employees for the period of time you operated your business in the City of Atlanta. **NOTE: Your must final or close your business account, if there is an ownership change.** Tax Registration Certificates are **non-transferable**.

Please complete the following form in its entirety and mail or fax to the City of Atlanta Business Tax Division at the above fax number, along with your current year's Business Tax Registration Certificate: (if it has not expired for the year).

- ❖ Business Tax Registration Certificate Number: _____
- ❖ Federal Tax ID Number: _____
- ❖ Date Business Closed: _____
- ❖ Actual amount of revenue (dollar volume) for number of months in business generated in Georgia: _____
- ❖ Number of (equivalent) full time employees: _____
- ❖ Name and Address of New Owner:

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PLEASE INDICATE YOUR MAILING ADDRESS TO RECEIVE FINAL INFORMATION

APPLICANT'S SIGNATURE: _____

NAME: _____

ADDRESS: _____ TELEPHONE: _____

CITY: _____ STATE: _____ ZIP _____

Sworn to and subscribed before me this _____ day of _____ year _____

Notary Public: _____

(RETURN ORIGINAL TO THE ADDRESS LISTED ABOVE (CITY OF ATLANTA) - RETAIN COPY FOR YOUR RECORDS)

For Office Use Only	Return To _____ Date _____
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